

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16544

State File No.

Registrar's No.

MAY 19 1943

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST. LOUIS MO
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LUTHERAEN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME SOPHIA RUSTIGE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife JOHN RUSTIGE 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 18, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>11</u>	<u>22</u>	hr. _____ min.

9. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)10. Usual occupation HOUSEWIFE11. Industry or business AT HOME12. Name Joseph Patt13. Birthplace Germany 4
(City, town, or county) (State or foreign country)14. Maiden name Mary Stock15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Cecelia Rustige(b) Address 2736 A. Sidney St.17. (a) Burial (b) Date thereof May 13/43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New St. Peter's18. (a) Signature of funeral director Thos. J. K. & Son(b) Address 2906 Travis St.19. (a) MAY 11 1943 (b) O. F. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits write "RURAL")
(d) Street No. 2736 A Sidney St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 / day 10 / year 1943 hour 8 minute A.M.21. I hereby certify that I attended the deceased from 5/10/43 to 5/10/43 19____; that I last saw her alive on 7.7.43 19____; and that death occurred on the date and hour stated above.Immediate cause of death Common Bile Duct Obstruction.
due to stoneDue to _____
Due to _____
Other conditions 1/27
(Include pregnancy within 3 months of death)Major findings: enlarged common bile duct
Of operations stone
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. Berg (M. D. or other) _____
Address 203 N. 1st St. Date signed 5/10/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

David Van Fossan

Licensed Embalmer No. *4242*

P. O. Address *2906 Harris ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.